

General

Title

Call answer timeliness: percentage of calls received by the organization's Member Services call centers (during operating hours) during the measurement year that were answered by a live voice within 30 seconds.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Measure Domain

Primary Measure Domain

Related Health Care Delivery Measures: Management

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of calls received by the organization's Member Services call centers (during operating hours) during the measurement year that were answered by a live voice within 30 seconds.

Rationale

Health care providers, health plan members, and purchasers increasingly recognize the importance of customer service as a factor in patient satisfaction. Articles in medical journals, member satisfaction

surveys (e.g., CAHPS, Caredata) and employer and payer requests for information and proposals are responding to demands to improve consumer health care experiences.

Customer service is an important dimension of the organization's ability to provide members with reasonable access to services. The ability to access customer service in a timely manner is the first step toward ensuring that the organization's Customer Service Department adequately meets members' needs. This sets the foundation for assessing quality of interaction between the organization and the member. Higher performance of this measure should improve member satisfaction and reduce employer cost of handling employee dissatisfaction with customer service.

Evidence for Rationale

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Primary Health Components

Member services; call center; calls answered; timeliness

Denominator Description

The number of calls received by the organization's Member Services call centers (during the hours of operation) during the measurement year where the member called directly into Member Services or selected a Member Services option and was put in the call queue (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

The number of calls answered by a live voice within 30 seconds. Time measured begins when the member is placed in the call queue to wait to speak to a Member Services representative (see the related "Numerator Inclusions/Exclusions" field).

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where

applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Managed Care Plans

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Does not apply to this measure

Target Population Age

Does not apply to this measure

Target Population Gender

Does not apply to this measure

National Strategy for Quality Improvement in Health Care

National Quality Strategy Priority

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Not within an IOM Care Need

IOM Domain

Not within an IOM Domain

Data Collection for the Measure

Case Finding Period

The measurement year

Denominator Sampling Frame

Health care or public health organization

Denominator (Index) Event or Characteristic

Does not apply to this measure

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

The number of calls received by the organization's Member Services call centers (during the hours of operation) during the measurement year where the member called directly into Member Services or selected a Member Services option and was put in the call queue

Note:

Call: Telephone contact initiated by an external caller connects with the organization's Member Services call center. For calls transferred from other parts of the organization's telephone system, measure time from after the call is transferred into the Member Services call center, the member chooses the option to speak to a Member Services representative and is placed in the call queue.
Queue: A sequence of calls waiting to be handled by the Member Services representative. The wait time on a queued call is calculated by Automatic Call Distribution (ACD), which tracks incoming calls.

If an organization blocks calls during peak call periods (or regular business hours) by immediately giving members a busy signal and keeping the calls from reaching the call queue, the auditor assesses the percentage of blocked calls and its impact on the measure. If an organization's phone system tracks members' wait time and can call members back when it is their turn in the queue, include the call in the denominator; however, it will probably be noncompliant for the numerator because it is unlikely that the start of the call-back process would occur in the 30-second time frame.

Exclusions

Exclude calls to a benefits contractor (e.g., mental health, dental, vision, pharmacy) that uses its own call center.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

The number of calls answered by a live voice within 30 seconds. Time measured begins when the member is placed in the call queue to wait to speak to a Services representative.

Exclusions

Calls abandoned within 30 seconds and calls sent directly to voicemail remain in the measure and are noncompliant for the numerator.

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative management data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

This measure requires that results are reported separately for the commercial, Medicaid, and Medicare product lines.

Note: Organizations that use the same systems, policies and procedures, and staff to answer calls for all product lines may report the same rate for all product lines if they cannot report data by individual product line.

Standard of Comparison

not defined yet

Identifying Information

Original Title

Call answer timeliness (CAT).

Measure Collection Name

HEDIS 2016: Health Plan Collection

Measure Set Name

Access/Availability of Care

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Oct

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

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For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

Companion Documents

The following is available:

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on September 18, 2012.

This NQMC summary was updated by ECRI Institute on August 2, 2013, February 3, 2014, April 15, 2015, and again on February 19, 2016.

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Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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